

Atty. Docket No. SHA01 P-346A

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

3612

Examiner

Dennis H. Pedder

**Applicant** 

Darin Evans

Appln. No.

10/715,002

Filing Date

November 17, 2003

Confirmation No.

2260

For

BUMPER FOR REDUCING PEDESTRIAN INJURY

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

## **RESPONSE**

Response to the Office Action mailed April 28, 2004, please amend the application as follows and consider the following remarks.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.



#### **CERTIFICATE OF MAILING**

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

8/30/04

Sona a VadiVer

Sara A. VanderVeen

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Dennis H. Pedder

Applicant

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Timing Date

November 17, 2003

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For

**BUMPER FOR RUDUCING PEDESTRAIN INJURY** 

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a Response in the above-identified application.

Any fee for additional claims has been calculated as shown below:

# **CLAIMS AS AMENDED**

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 31	Minus	** 21	= 10	x \$9	\$	x \$ 18	\$ 180
Independent Claims	* 5	Minus	*** 5	= 0	x \$43	\$	x \$ 86	\$ 0
First Presentation of Multiple Dependent Claims \$145						\$	x \$290	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$ 180

Applicant : Darin Evans : 10/715,002 Appln. No. Page : 2 If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3 If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in \*\*\* this space. The "Highest No. Previously Paid For." (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. Small entity status of this application 37 CFR §§1.9 and 1.27 has been 1. established by a verified statement previously submitted or is enclosed. 2. No additional fee is required. Please charge Deposit Account 16 2463 in the amount of \$180 to cover the 3.

PRICE, HENEVELD, COOPER, DEWITT & LITTON, LLP

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16 2463. A duplicate copy of this sheet is attached.

additional claims fee.

Marcus P. Dolce

Registration No. 46 073

695 Kenmoor, S.E. Post Office Box 2567

Please charge any additional fees or credit overpayment to Deposit Account No.

Grand Rapids, Michigan 49501

(616) 949-9610

MPD/sav

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